

**Emergency Contact**

Name James Brown Title Operations Manager

Phone (206) 623-5800 Ext. \_\_\_\_\_ 24-hr. Phone (206) 399-3003 Ext. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ 24-hr. Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	INVENTORY	Storage Codes		Storage Locations (Non-Confidential)	
			Container Type	Pressure	Temperature	<i>Only 105 characters available including word spaces (Please Print)</i>
CAS 007697 - 37 Trade Secret <input type="checkbox"/> Chem. Name Nitric Acid - 10% EHS Name _____  Check all <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text" value="0"/> <input type="text" value="3"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-site	A	1	5	3200 - 6th Ave South - Northeast Corner of main shop
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name _____ EHS Name _____  Check all <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> No. of Days On-site	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name _____ EHS Name _____  Check all <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> No. of Days On-site	<input type="text"/>	<input type="text"/>	<input type="text"/>	

- AKC-0020270